

Appendix D

University of Florida—Asbestos Project Notification Form (APNF)

Building #: _____ Building Name: _____

Project Name: _____ Project #: _____

Description of Work:

Material to be Removed	<input type="checkbox"/>	T.S.I.	Linear /Square ft. _____
	<input type="checkbox"/>	Asbestos cement (Transite®)	Square ft. _____
	<input type="checkbox"/>	Surfacing	Square ft. _____
	<input type="checkbox"/>	Flooring	Square ft. _____
	<input type="checkbox"/>	Duct Insulation/Mastic	Square ft. _____
	<input type="checkbox"/>	Other (describe):	Amount: _____

Type of Project

<input type="checkbox"/> Planned	<input type="checkbox"/> Specification	<input type="checkbox"/> Emergency
<input type="checkbox"/> Open End	<input type="checkbox"/> Maintenance	

Project Dates:

Estimated/ Actual Start: _____	Estimated/ Actual End: _____
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Project Costs:

Estimated/Actual Contractor Costs: _____	Estimated/Actual Consultant Costs: _____
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Asbestos Contractor: _____

Asbestos Consultant: _____

General Contractor: _____

UF Project Manager: _____

Form Submitted By: _____ **Date:** _____

EH&S Approval By: _____ **Date:** _____

EHS Project #: _____